

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. <b>10/082163</b>	FLING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		①					53						
4		1					54						
5		①					55						
6		①					56						
7		1					57						
8		①					58						
9							59						
10							60						
11							61						
12							62						
13							63						
14							64						
15							65						
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17							67						
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38							88						
39							89						
40							90						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1						TOTAL IND.						
TOTAL DEP.		7					TOTAL DEP.						
TOTAL CLAIMS	8						TOTAL CLAIMS						